

## UNITED STATES DISTRICT COURT

for the

Western District of Washington 

ELI LILLY AND COMPANY

*Plaintiff(s)*

v.

ALDERWOOD SURGICAL CENTER LLC D/B/A  
 ALLURE ESTHETIC, D/B/A GALLERY OF  
 COSMETIC SURGERY, D/B/A SEATTLE PLASTIC  
 SURGERY, ET AL.

*Defendant(s)*

Civil Action No. 2:24-cv-00878-SKV

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* JAVAD A. SAJAN, M.D.  
 SEATTLE PLASTIC SURGERY  
 600 BROADWAY, SUITE 320  
 SEATTLE, WA 98122

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

JASON SYKES, ESQ.  
 NEWMAN LLP  
 1201 SECOND AVENUE, SUITE 900  
 SEATTLE, WA 98101

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

Date: 06/21/2024



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**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_ .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: